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ABSTRACT

The overall goal of teacher consultation is to improve upon the teacher's problem solving skills by addressing the immediate objective of solving student-centered problems. This study investigated the effects of the Systematic Facilitative Approach to consultation (SFA) and a written orientation to consultation with elementary school teachers. More specifically, in this study, the effects of three experimental conditions of consultation were examined: (1) the SFA to consultation; (2) a written orientation to the SFA approach; and (3) no treatment control group (delayed treatment). The effects of the experimental conditions were investigated regarding four dependent variables: (1) teacher anxiety related to a target student; (2) teacher perception of student classroom behaviors; (3) plan of action implementation; and (4) consultee satisfaction with consultation. Following the introductory chapter, chapter 2 presents a review of the related literature. Methodology is addressed in chapter 3, with information on the dependent and independent variables, population and sampling procedures, design of the study, description of the treatment groups, research procedures, consultant training, analyses of data, and methodological limitations. Chapter 4 contains the research findings and data analyses. The conclusions, limitations, implications and recommendations are discussed in chapter 5. (JD)

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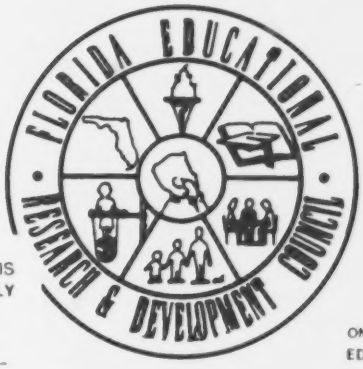

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The Effects of Consultation on Teacher Anxiety, Perceptions of Student Behavior, Plan Implementation and Satisfaction

by
Patricia A. Carrow

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The Effects of Consultation on Teacher Anxiety, Perceptions of Student Behavior, Plan Implementation and Satisfaction

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F.E.R.C NOTES ON THIS EDITION

It has long been a personal belief that teachers need counseling as much, if not more so, than students. The kind of counseling teachers need has to do with the anxiety they experience in the classroom trying to cope with the schooling of children with a large range of ability, achievement, internal (in the school) and external (in the home and community) support, not to mention the varied degree of motivation of children, and parents of their children.

Of course there are other anxieties of life that impinge on teachers which are common to other workers.

It is relevant to teachers, counselors and principals. FERC publishes this study with the belief that this is an area of great need and concern. It could well be a focus for ways of helping teachers become more efficient and effective.

Charlie T. Council
Executive Director

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CHAPTER I
INTRODUCTION

Consultation is regarded by many to be an integral function of counselors in the elementary school setting (ACES-ASCA, 1966; Dinkmeyer, 1968; Dinkmeyer & Dinkmeyer, 1978; Knapp & Salend, 1984; Myrick, 1977). Faust (1968) placed consultation with teachers as number one in a hierarchy of roles for school counselors.

School counselors can help teachers deal with a number for work-related problems which can be addressed through the consultation process. For example, elementary school teachers cope with students' personalities, needs, and behaviors. Many teachers are concerned about how to help students adjust to school and cooperate with their classroom methods. When teachers' traditional methods of working with students and managing classroom behaviors no longer work, confusion may occur. Teachers may feel overwhelmed and puzzled by students' behaviors or anxious about unpleasant interactions in their classes.

The frustration and anxiety teachers experience can alter their perceptions of students. They may begin to perceive some students as "impossible to work with," "bad," or "mean," and then interact with them inappropriately (Dinkmeyer & Carlson, 1973). If problems persist, teachers may experience increased anxiety and be unable to manage classroom behaviors successfully (Berlin, 1967; Fine & Tyler, 1977; Meyers, Martin, & Hyman, 1977). It is at this point that teachers may wish to consult with the school counselor concerning some students.

Elementary school counselors consult with teachers, parents, and administrators in an effort to help students adjust to the demands of school and learn more effectively. Through the process of consultation, counselors can provide teachers and others with increased understanding of children's behaviors. This increased understanding may result in different perceptions of problems and thereby expand the alternatives for managing difficult situations (Alpert, 1979). Consultation can provide teachers with an opportunity to discuss work-related problems. The process enables teachers to gain clearer perspectives about problem situations and to consider alternative methods and plans.

Overview and Background

Consultation is recognized as one of the three major responsibilities of school counselors, in addition to counseling and coordination (ACES-ASCA Report, 1966). Consultation was defined by Caplan (1970) as

> a process of interaction between two professional persons—the consultant, who is a specialist, and the consultee, who invokes the consultant's help in regard to a current work problem with which he is having some difficulty and which he had decided is within the other's area of specialized competence. The work problem involves the management or treatment of one or more clients of the consultee, or the planning or implementation of a program to cater to such clients. (p. 19)

Dinkmeyer's (1968) definition of consultation applies directly to school situations and describes a procedure by which "teachers, parents, administrators, and other adults who are significant in the life of the child communicate" (p. 187).

The consultee (teacher) may be experiencing a work-related problem with a student and may seek out the assistance of a consultant (school counselor). The school counselor/consultant and the consultee share pertinent information and ideas, and develop tentative hypotheses for courses of action. The relationship is an equal one, rather than a superior-inferior relationship, with the counselor/consultant working as a member of the educative team (Berlin, 1967; Caplan, 1970; Dinkmeyer & Dinkmeyer, 1978). Both the teacher's and counselor's expertise and knowledge are drawn upon in a problem-solving process (Englehardt, Sulzer, & Altekruse, 1971).

Of all the possible consumers of consultation in the schools, classroom teachers may be the most logical recipients of consultation services. Since teachers spend the greatest percentage of a school day with students, they are in an excellent position to help students with problems. Berkowitz (1975) and Faust (1968) pointed out that teachers can be the most crucial agents of change for a child in school because one teacher can directly affect as many as 39 or more students per year. Consultation can benefit teachers who become "stuck" and experience problem situations in the classroom. It can help teachers see the problem more objectively, increase their knowledge about the situation, develop skills in managing it, and provide support and encouragement (Alpert, 1979; Caplan, 1970).

Counselors, as human relations resources, can provide consultation to teachers and indirectly help a greater number of students. Consultation that is provided before students' classroom problems become severe and overwhelming for teachers also can reduce the number of remedial interventions that may be needed at a later date (Anandam & Williams, 1971; Caplan, 1970; Dinkmeyer, 1968; Lewis, 1970).

Given the demands on counselors' time, consultation can be an efficient method for helping teachers, students, parents, and administrators. For example, counselors spend much of their time working individually with students who are referred by teachers, facilitating small and large group guidance, working with targeted students in small group counseling, and consulting with parents and teachers. In addition, they must also attend to administrative and clerical duties. Counselors are faced with a formidable task in coordinating various functions and providing quality service to students, especially when one considers that counselor-to-student ratios in elementary schools are often 1 to 500.

Students benefit from consultation when teachers have a better understanding of students' classroom behaviors. With increased understanding and alterations in teachers' perceptions, teachers' behaviors toward students change. The changes in teachers' behaviors can affect students' behaviors, resulting in students' more positive adjustment to school (Alpert, 1979).

Consultation is an important process whereby teachers and counselors can communicate and work jointly to help students adjust to school and learn more effectively. This process, which benefits teachers, counselors, and students, can be related to the various theoretical assumptions underlying consultation theory.

Theoretical Framework

The roots of the theoretical framework underlying school consultation can be found in mental health consultation. Mental health providers are often faced with the problem of delivering services to a large number of people. Many people do not have problems severe enough to warrant being seen by a mental health professional. Yet, they may need some assistance in coping with problems and preventing further problems. Consultation is a method used by mental health providers that focuses on prevention and also frees them to work with more dysfunctional clients. Thus,

consultation is an effective way for a small number of consultants to affect a large group of consultees and, in turn, provide indirect service to a large number of clients (Caplan, 1970).

Core Elements and Goals of Consultation

Curtis and Zins (1981) discussed the following five core elements found in all consultation models. The elements that underlie the goals and objectives for consultation are (a) consultation is considered to be a method of indirect service delivery that focuses on a work-related problem; (b) the emphasis is on the triadic relationship among the consultant, consultee, and client; (c) the purpose of the consultative process is to benefit the client through the joint development of problem-solving strategies by the consultant and consultee; (d) throughout the consultation process the consultee is expected to contribute and participate; and (e) the consultee is free to reject or accept the suggestions made in consultation. The overall goal of consultation is to improve upon the consultee's problem-solving skills. The consultant achieves this goal by addressing the consultee's immediate objective, which is to resolve a presenting problem. By so doing, the consultee acquires new skills and understanding which may be used to resolve similar problems in the future (Caplan, 1970, Curtis & Zins, 1981; Kurpius, 1978).

Research Questions

The following research questions were addressed in this study.

1. What are the effects of consultation, consultation with a written orientation, and no consultation on teacher anxiety related to target students?
2. What are the effects of consultation, consultation with a written orientation, and no consultation on teacher perceptions of target students' classroom behaviors?
3. What are the effects of consultation on teacher implementation of action plans?
4. What are the effects of a written orientation to consultation, in addition to the process of consultation, on teacher implementation of action plans?
5. Is there a difference in teachers' satisfaction with consultation when they have experienced a written orientation prior to consultation and when they have not?

Definition of Terms

Classroom behaviors are observable behaviors exhibited by a student in a classroom. Negative classroom behaviors can be categorized into the following domains: acting out, withdrawal, distractibility, disturbed peer relations, and immaturity (Walker, 1983).

Consultation is the process whereby two professionals, a consultant (school counselor) and a consultee (teacher) confer about a third party (target student), for the purposes of helping the consultee work to develop and implement a plan of action regarding the third party.

Counselor denotes a professional person knowledgeable in human development, interpersonal skills, and problem-solving who acts as a helper to persons experiencing interpersonal difficulties. Elementary schools were the work settings for counselors in this study.

Counselor/consultant denotes a professional person who has expertise in the area of human relations and problem-solving skills and who offers assistance to other professionals experiencing work-related problems. In this report, elementary school counselors were referred to as counselor/consultants, since they are often perceived as being in two roles in their settings.

Consultee is a professional person who is experiencing a work-related problem and who seeks out the assistance of a consultant. In this study, teachers were consultees.

Implementation of a plan of action addresses a consultee's follow-through, or implementation of a next step, regarding a target student. Plans of action are developed during the problem-solving stage of consultation.

Satisfaction with consultation is a consultee's opinion concerning the help and value of consultation in problem resolution.

Teacher Anxiety is the anxiety or expressed concern of a teacher (consultee) about a specific work-related problem. In this study, teacher anxiety was "state" rather than "trait" anxiety. State anxiety refers to a reaction or process taking place at a given time and level of intensity. Trait anxiety refers to relatively stable differences in an individual's tendency toward anxiety (Spielberger, 1983).

Target student designates the third party or focus of consultation between a consultant and consultee; a child who exhibits classroom

behaviors that interfere with optimal learning and about whom a teacher is concerned.

Written orientation is a written description of the consultation procedures presented to consultees prior to the consultation process. It includes delineation of the roles and responsibilities of a consultant and consultee.

Organization of the Remainder of the Study

The remaining components of this study are organized into five chapters. A review of the related literature is presented in Chapter II. Methodology is addressed in Chapter III, with information on the dependent and independent variables, population and sampling procedures, design of the study, description of the treatment groups, research procedures, consultant training, analyses of data, and methodological limitations. Chapter IV contains the research findings and data analyses. The conclusions, limitations, implications, and recommendations are discussed in Chapter V.

Theoretical Assumptions Underlying Consultation

Caplan with his (1970) mental health theory of consultation posited that consultees experience two types of anxiety in consultation: anxiety about the case and about the consultant. In consultation with teachers, for example, case anxiety may center around a teacher's handling of students in a classroom. Caplan (1970) cautioned against reducing a consultee's anxiety too soon by using techniques of reassurance. If anxiety is reduced in this manner, the consultee may lose motivation to continue in consultation. Instead, he argued that the consultant should endeavor to assist the consultee in a joint examination of the facts in a case, which will reduce anxiety but not interrupt the consultation process.

The second type of anxiety involves the consultee's reaction to the consultant. There is a possibility that consultees will end or reduce contact with a consultant if this type of anxiety is not dealt with by the consultant. Caplan (1970) identified the sources of consultee anxiety regarding consultation as stemming from consultees' own unrealistic expectations placed on a consultant. Consultees' fears may evolve from the belief that a consultant will "uncover their work deficiencies and shame or blame them, or make them dependent...that he (the consultant) will read their minds and reveal guilty secrets, that he will

attack their defenses, or that he will drive them insane" (p. 89). The consultant must "invalidate" the consultees' faulty assumptions about consultation. This is accomplished by exhibiting certain behaviors which demonstrate the consultant's nonjudgmental approach. In this way the consultee is encouraged to work on the case.

The process of reducing the consultee's anxiety about the case and the consultant is not a simple task. However, in order for the positive effects of consultation to take place, the consultee must feel comfortable discussing the case with a consultant to arrive at successful problem resolution (Sandoval, Lambert, & Davis, 1977). This entails a careful reduction of anxiety during the consultation process.

Also underlying mental health consultation theory is the assumption that the consultant "teaches" the consultee how to be a "model client" throughout the process of consultation (Caplan, 1970; Sandoval, Lambert, & Davis, 1977). The consultant may do this by modeling appropriate behaviors and using interpersonal skills. This, of course, takes time, perhaps engaging in weekly consultation sessions over three or four months before the consultee can learn to be a model client and effectively use consultation for problem solving.

Consultation Models

There are a number of different consultant models that consultants may draw upon in their work. Mental health, behavioral, organizational development, and Adlerian-based consultation models appear to be most prevalent (Umansky & Holloway, 1984). A fifth model, the Systematic Facilitative Approach to consultation, was developed by Myrick (1977). In his approach, he attempted to synthesize concepts and techniques from mental health, behavior, and organizational development to create a clear and systematic method that consultants could use in working with consultees. Though the models may differ in their respective strategies and techniques, they all contain certain core elements (Curtis & Zins, 1981).

Statement of the Problem

Though consultation is recognized as a valuable counselor intervention, there are problems. Both teachers and counselors experience numerous demands on their time and energy. When teachers face perplexing problems in the classroom, their anxiety can

increase and they often want immediate action. Some students in a classroom may present themselves as especially frustrating for a teacher. Such students may be the identified or "target" student about whom the teacher wishes to consult.

Teachers may not be able to take full advantage of consultation services because they are uncertain about consultant and consultee roles and responsibilities. They may perceive consultation to be too time-consuming and fragmented. Action plans developed in consultation may be seen as impractical or too complex to carry out. Consequently, many teachers do not seek out counselors as consultants. Therefore, in this study, a systematic approach to consultation with teachers, one that was of brief duration and which incorporated techniques designed to address specific classroom problems was examined.

Need for the Study

During the late 1960s and 1970s, a great deal of attention was given to the effectiveness of behavioral, client-centered, and Adlerian-based consultation models in school settings. The research results were often mixed concerning the effectiveness of particular consultation models. The problems inherent in some of these research studies are outlined by Bundy & Poppen (1986); Mannino & Shore (1975); and Medway (1979) in their reviews of the consultation literature.

The major criticisms of consultation research are directed at two aspects of the studies. The first entails the lack of specificity in describing the consultation approaches or models used in studies, making them difficult to replicate and to control for threats to internal validity. The lack of clarity in defining the "effectiveness" of consultation models in operational terms is a second criticism (Bundy & Poppen, 1986; Medway, 1979). Without clearly defined and systematic consultation models, it is difficult to obtain consistent findings in outcome research in consultation.

Research on some of the basic underlying assumptions and claims of consultation is difficult to find in the professional literature. It appears that very little research has been done to test the assumption that consultation reduces consultee anxiety by altering existing perceptions of a problem situation.

Another unverified assumption is that consultees learn how to be model consultees through long-term participation in consultation

(Sandoval, Lambert, & Davis, 1977). This may be a problem for teachers and counselors because of their time constraints in school settings and the immediacy of classroom situations. There may not be enough time for teachers to learn how to be "model consultees" by lengthy participation in consultation. Teacher and counselor/consultants may want and need to address their work-related problems in a more time efficient manner. It may be possible to provide a brief orientation for teachers that will prepare them for their roles as consultees and help them to understand their responsibilities in consultation.

Given the implications of the effects that teachers' anxiety and negative perceptions may have on classroom performance and the time constraints teachers and counselors experience during the school day, examination of well-defined and systematic consultation models is needed. Information gained from research studies can strengthen the case for consultation as a service to teachers provided by school counselor/consultants. Teachers who experience satisfaction with their consultation process will be more likely to carry out plans of action and to resolve their problems. In addition, they will see consultation as practical and utilize the service again when needed.

In summary, consultation can be an effective tool for counselors in assisting elementary school teachers to work with problem students. The difficulty lies in providing consultation experiences that consistently help teachers clarify their perceptions of a problem situation and reduce anxiety about specific cases. Through consultation, teachers can learn to cope more effectively with similar problems if they arise in the future. Secondly, both teachers and counselors can benefit, if the consultation process can be made more systematic and time-efficient. Orienting teacher/consultees to gain the most from brief consultation experiences may be a more effective way of helping them. If teachers have a positive experience during consultation, they may be more satisfied and encouraged to seek out consultation again, as a preventive measure, rather than reacting to crisis situations. They may also be more likely to follow through on action plans.

Purpose of the Study

It was the purpose of this study to investigate the effects of the Systematic Facilitative Approach to consultation and a written

orientation to consultation with elementary school teachers. More specifically, in this study the effects of three experimental conditions of consultation were examined: (a) the Systematic Facilitative Approach to consultation, (b) a written orientation and the Systematic Facilitative Approach, and (c) no treatment control group (delayed treatment). The effects of the experimental conditions were investigated regarding four dependent variables: (a) teacher anxiety related to a target student, (b) teacher perception of student classroom behaviors, (c) plan of action implementation, and (d) consultee satisfaction with consultation.

CHAPTER II
REVIEW OF THE RELATED LITERATURE

Presented in this chapter are a brief overview of school consultation and types of research. The research literature addressing the variables of interest in this study (i.e., teacher anxiety related target students, perception of students' classroom behaviors, implementation of action plans, and teachers' satisfaction with consultation) are discussed in depth.

Consultation in the Schools

Mental health consultation in elementary schools is most often provided by school psychologists and school counselors. Each of these professionals offers special expertise to other school personnel when work-related problems arise.

School psychologists, for example, administer diagnostic instruments to students that are referred for academic or behavior problems. The resulting psychological assessment and recommendations for remediation or placement are then communicated to teachers and others involved in working with students. At times, school psychologists will consult with teachers to assist them in managing students' disruptive classroom behaviors or on methods of facilitating students' learning. School psychologists often serve a number of different schools within a school system and are not permanently assigned to any one school.

Elementary school counselors are generally assigned to their own schools. They provide services to all students and staff in their particular settings. The ACES-ASCA Report (1966), on school counseling delineated the three major functions of school counselors as counseling, coordination, and consultation. The school counselor/consultants' role in working with teachers in a consultation relationship as delineated by a later ASCA Role Statement (1981) is as follows:

> (a) The counselor acknowledges that teachers, in creating positive interactive relationships with students, provide the primary basis for intellectual, emotional, and social growth in the school.

(b) The counselor, in the consulting relationship, endeavors to acquaint teachers with applications of various theories of learning and human growth in order that a good match occurs between curriculum interventions and student developmental needs.

(c) The counselor recognizes that teachers need support and assistance in dealing with the normal problems of student growth and adjustment, especially during the period of adolescence. (p. 9)

School counselors who adhere to this definition of their role create opportunities to form close working relationships with other school personnel in order to help students learn more effectively in the educational setting.

The Need for School Consultation

The Committee on the Elementary School Counselor (ACES-ASCA Report, 1966) recognized the need for consultation in elementary schools and listed it, along with counseling and coordination, as a major responsibility of counselors. Consultation can address many problems in the elementary school. Teachers are trained to teach concepts and skills to students, but at the same time they must deal with children who have a variety of interpersonal and emotional needs. At times, teachers may become frustrated and confused about how to work with children whose classroom behaviors interfere with learning. School counselor/consultants can use their expertise in interpersonal relationships to assist teachers in helping students with problem behaviors adjust to school.

The 1983 Gallup Poll revealed that discipline is considered to be one of the biggest problems in public education. Teachers' perceptions of classroom discipline problems over the last 50 years have showed remarkable consistency in the categories of problems teachers face. In two early studies on classroom discipline, Wickman and Stouffer, (1928) and Owen, (1953) (cited in Baer, Goodall and Brown, 1983) enumerated the discipline problems perceived by teachers.

Baer, Goodall and Brown (1983) followed up with their own study to determine if teachers' perceptions had changed over the years. When the results from the 1928 and 1953 studies were compared, few differences were found in teachers' perceptions of classroom

discipline problems. In fact, the analysis revealed that today's teachers are mostly concerned with students breaking rules and classroom routines, or similar classroom misbehavior (e.g., stubborn, disorderly, irresponsible, untruthful, or disobedient behavior).

In their study, Baer, Goodall and Brown (1983) asked 232 middle grade teachers (4-6) to list and rank the most serious student behaviors in the classroom. Teachers reported physically dangerous behaviors such as hitting, pushing, and fighting as the most serious. Disruptions to learning were ranked second. This category included students' laughing, talking excessively, out-of-seat behavior and withdrawal. Third ranked were behaviors that challenged teachers' authority in the classroom. Next ranked were violation of social standards, violating the rights of others, and illegal behaviors. The authors concluded from their analysis of these categories that contemporary teachers, as their predecessors before them, are most concerned with students' overt behaviors.

Knoff (1985) acknowledged that classroom discipline remains a major concern for teachers. He also pointed out that school systems offer teachers very little in terms of methods and techniques for maintaining discipline and working with difficult students. Knoff posited several reasons for this lack of a cooperative and concerted effort among educators (e.g., school administrators and teachers). One difficulty is that teachers often hold different "psychological perspectives" and expectations for students in their classrooms. There exists among teachers differing levels of tolerance for misbehavior. Also, teachers often react only to crisis situations rather than engaging in preventive planning and programming (Knoff, 1985, p. 212).

Benefits of Consultation

Consultation directly benefits consultees by helping them to clarify or gain a different perspective on their problem. Through the process of consultation, consultees may increase their understanding of a situation and then be able to expand on or formulate different alternatives which will contribute to problem resolution. Caplan (1970) asserted that consultees benefit from consultation by increasing their knowledge, skills, objectivity, and confidence. Consultees acquire these benefits by working with a consultant on a case and learning to apply their learning to real situations. However,

this new learning is not just limited to a particular case. Newly learned methods of problem solving can be useful in similar cases and thereby result in professional growth. Some consultees may even serve as a "consultant" to others who are experiencing similar problems (Alpert & Rosenfield, 1981; Caplan, 1970; Englehardt, Sulzer & Altekruse, 1971; Gutkin & Curtis, 1981; Kurpius, 1978; Schein, 1969; Williams, 1972).

Another advantage of consultation is the indirect service it provides to the third party or target student. Elementary school counselor/consultants can affect many more students through indirect service to parents and other school personnel and achieve their goals of enhancing the learning process for children (Dinkmeyer & Carlson, 1973; Gutkin & Curtis, 1981).

Consulting with classroom teachers can be an efficient and effective use of a counselor/consultant's time, since a greater number of students can be reached (Moracco & Kazandkian, 1977). For example, by consulting with one elementary school teacher, as many as 30 students or more can benefit from teacher consultation (Faust, 1968). Counselor/consultants can spread their expertise further by engaging in consultation. This can be most effective by providing prevention and early treatment of school-related problems (Englehardt, Sulzer & Altekruse, 1971).

Overview of School Consultation Research

Presented in this section is a review of the research on outcomes and effectiveness of elementary school consultation provided by school counselors and school psychologists. More studies have focused on consultation provided by school psychologists than by school counselors. However, only school psychology research pertinent to this study is presented in the review of literature.

The literature is replete with studies on various aspects of external consultants from mental health centers, consultation by school psychologists, consultation provided by resource/special education teachers, and school counselor consultation. School consultation research, as provided by these differing professional groups, includes an examination of a number of variables and their relationship to effective consultation with elementary school teachers.

A general overview of pertinent school consultation research from 1968 to 1986 follows. Then, specific attention is given to research that

addressed the effects of consultation on the relevant variables of this study (a) teachers' state anxiety related to target students, (b) teachers' perceptions of target students' behaviors, (c) degree of implementation of a plan of action, and (d) teacher/consultees' satisfaction with consultation.

Examples of both experimental and descriptive research in consultation was found in the literature. Researchers have utilized experimental studies in school consultation to (a) compare the effects of various combinations of consultation and counseling, (b) determine the effectiveness of different consultation models, and (c) investigate the relationship of certain outcome variables to consultant training and/or consultee skills. In the descriptive research studies, consultants and consultees were surveyed on their preferences, satisfaction, and characteristics in regard to the consultation process.

Studies on Consultation and/or Counseling

In an early experimental study, Anderson (1968) used a client-centered approach to consultation with teachers and various combinations of individual and small group counseling with students to determine the effectiveness of consultation in the elementary school and its impact on students' self-concept. She found no significant differences in self-concept among different grade levels on counseling or consultation.

The effects of consultation and/or counseling (model of consultation and counseling was not specified) on teacher perceptions of students' school adjustment and behavior was examined by Lewis (1970). No significant differences were found among the groups. However, Lewis reported finding some trends favoring consultation over guidance or counseling. Consultation had some effect on achievement-oriented behavior and teachers' perceptions of school adjustment.

Randolph and Hardage (1972) examined the effects of classroom management consultation with teachers and client-centered group counseling with middle schoolers identified as potential dropouts. It was found that the classroom management consultation increased students' on-task behaviors and grade point averages, but did not affect their school attendance.

A combination of parent and teacher consultation with group counseling of children using Adlerian techniques was examined by Palmo and Kuzniar (1972) to determine the effects on students'

classroom behavior. They found that parent-teacher consultation was the most effective strategy used in modifying students' classroom behaviors when compared to group counseling for students and a no treatment control group.

Marchant (1972) reported the effects of various combinations of Adlerian consultation and counseling techniques with teachers and students on teacher perceptions of student classroom behaviors. He reported that teachers' perceptions of student classroom behaviors were positively affected by each of the treatments when compared to the control group.

Moracco and Kazandkian (1977) investigated the effectiveness of behavioral consulting and counseling techniques with non-western elementary school students who were identified as behavior problems. They indicated counseling for students was more effective in changing students' behaviors than counseling or consulting alone. Consultation with teachers was found to be the second most effective method in changing students' behaviors.

Effectiveness of Differing Consultation Models

Myrick (1970) reported on a case study that used behavioral consultation with a teacher. He demonstrated the effectiveness of such techniques for improving a student's behaviors and attitude in the classroom.

Englehardt, Sulzer, and Altekruse (1971) presented a single subject study in which they use behavioral consultation with a classroom teacher to reduce a target student's out-of-seat activities. They reported that the student's behavior was affected positively by the teachers' attention. Out-of-seat behaviors lessened and acceptable behaviors increased.

A single subject design was employed by Hillman and Shields (1975) to demonstrate the effectiveness of a combination of Adlerian and behavioral consultation techniques in helping a student to improve his arithmetic achievement and attending behavior in the classroom. Results supported the effectiveness of a systematic program of encouragement and corrective feedback in increasing the student's attending behavior from 51% to 97% of the time.

Several studies on the effects of behavioral consultation have focused on consulting with individual teachers to assist them in learning classroom management techniques. In two such studies (Anandam &

Williams, 1971; Brown & Kelley, 1975), the researchers observed the teachers' baseline behaviors and students' reactions, then consulted with the teachers about behavioral principles which could alter students' classroom behaviors. In both studies, the researchers found that changes in the teachers' behaviors (e.g., increased positive reinforcement) resulted in significant increases in appropriate student behaviors.

Clark (1978) reported on the effects of expert and collaborative consultants on consultees' plan implementation, goal achievement, and attitude toward the consultant. He found no significant differences between the two groups on any of the variables.

Sebastian (1982) compared the effectiveness of process and behavioral consultation in relation to observational data and teachers' self-reported perceptions of student classroom behaviors. No significant differences were found among treatment groups on observations of students' behaviors. However, more positive student behaviors were reported by teachers in the behavioral consultation group than were reported by the observers for that same group.

In a study of client-centered consultation, Conoley and Conoley (1982) investigated the effectiveness of this approach on the quality of consultees' problem identification and plan development skills. They reported that student teachers in the consultation with observation group were more descriptive in problem identification than either the control or the consultation without observation group.

In a study by Chanow-Gruen and Doyle (1983), teachers were exposed to a Teacher Effectiveness Training (TET) program during inservice consultation. The researchers reported positive changes in teachers' attitudes and students' perceptions of teachers as an outcome of consultation using the TET program.

Outcome Variables of Consultant Training/Consultee Skills

Several researchers have addressed consultant and consultee skills and/or consultant training. For example, Cirbes (1978) examined changes in consultees' problem identification skills as a result of consultation with low and high-skilled consultants. She found a significant improvement in consultees' problem identification skills resulting from consultation with high-skilled consultants as opposed to consultation with low-skilled consultants.

White and Pryzwansky (1982) studied the effects of consultation on regular classroom teachers who received consultation from learning disabilities resource teachers trained in two methods of consultation, a communication skills approach and a collaboration model. The study lacked significant findings on teacher satisfaction, number of recommendations implemented, or ratings of students' progress resulting from either treatment group. However, the researchers indicated that the communication skills consultants received higher ratings on empathy than the collaboration consultants.

Survey Studies

Survey studies have been used to determine the preference of school personnel for particular models of consultation. Gutkin, Singer, and Brown (1980) expanded the concept of teacher preference for consultation and attempted to relate it to the type and perceived severity of the presenting problem. Both experimental and control groups had an overall preference for consultation as opposed to referral services for acting out, withdrawal, and academic types of problems. Teachers also tended to prefer consultation for less severe student difficulties.

In another study of teacher preferences, Romanoff-Newman (1982) administered questionnaires to regular and special education elementary teachers and attempted to find correlations between teacher preferences for behavioral or mental health consultation and teacher needs and past consultation experience. Both regular and special education teachers preferred behavioral consultation over mental health and traditional psychological consultation methods. A weak positive correlation was found between teachers' past consultation experiences and preferences for behavioral consultation.

Babcock and Pryzwansky (1983) asked teachers and principals who had experienced consultation to complete questionnaires and indicate which of four models of consultation (collaborative, mental health, medical or expert) they preferred at five different phases of the consultation process. The educational professionals were who surveyed preferred collaboration over other indirect service methods for psychological consultation.

A number of researchers used surveys, interviews or observations to investigate various characteristics of consultants and consultees. For example, Splete (1971) surveyed both elementary school teachers

and counselors and asked them to describe significant counselor behaviors in the consulting relationship that provided them with a better understanding of themselves or their students in the school setting. Both teachers and counselors reported more effective incidents in the area of helping teachers to understand their students as opposed to better understanding of themselves. Overall, teachers saw consulting with the counselor as more effective than ineffective.

Gutkin (1981) audiotaped psychological consultation sessions between graduate students and teachers and analyzed them according to Caplan's (1970) categories of lack of knowledge, lack of skill, lack of confidence, and lack of objectivity. Consultees' lack of knowledge, skill and confidence accounted for approximately an equal number of cases. Consultants did not rate teachers as lacking in objectivity about cases. Gutkin concluded that teachers who sought out help from a consultant were more likely to experience a lack of knowledge, skill or confidence.

School psychology and school counseling consultation studies from 1968 to 1986 have been briefly described in the foregoing overview of the research literature. Among the categories cited were studies in which the effects of consultation and/or counseling were compared, the effectiveness of different models of consultation were examined, the relationships of selected variables to consultant training and consultee skills were investigated, and consultants and consultees were surveyed to obtain their attitudes and opinions on various aspects of consultation.

Some general conclusions can be made concerning the research just presented. In studies where differing methods of consultation were compared, the behavioral or Adlerian methods were more successful than the other types of consultation. Behavioral consultation appeared especially effective in helping teachers to increase their positive reinforcement, thereby reducing students' inappropriate behaviors. The structured and systematic nature of behavioral consultation techniques no doubt contributed to their success in affecting behavior changes.

Consultation as an intervention also seemed to affect teachers' perceptions of their students, although this variable was not always addressed directly in the studies. In general, teachers viewed consultation as an effective intervention and preferred to consult with a counselor on less severe problems rather than refer the student for special services. A consistent preference for consultation models

which involved teachers and counselors in the process of helping teachers understand and work with problem students was also evident.

Variables Examined in this Study

The dependent and independent variables of this study are addressed in this section. The dependent variables of teacher anxiety, teachers' perceptions of target students' behaviors, degree of plan implementation, and consultees' satisfaction are discussed in terms of the related literature. In addition, the independent variables of a Systematic Facilitative Approach to consultation (Myrick, 1977) and a written orientation to consultation are described.

Teacher Anxiety

Anxiety can be globally defined as generalized fear and apprehension whereby one experiences an unpleasant emotional state or condition. People differ in their tendencies to perceive stressful events as dangerous or threatening. Anxiety states are subjective experiences that are characterized by feelings of tension, apprehension, nervousness and worry, resulting in arousal of the autonomic nervous system (Spielberger, 1983).

According to Spielberger (1983), people experience two types of closely related anxiety, trait and state. Trait anxiety refers to the relatively stable individual differences in anxiety proneness a particular person possesses. How individuals then respond to perceived stressful situations indicates their state anxiety reactions. Thus, state anxiety is an individual's reaction or process taking place at a given time and intensity regarding a specific situation or event (Spielberger, 1983).

Persons under stress and tension often experience varying degrees of anxiety. Anxiety has been described as centering around what others think of the person. An individual's desire for approval and respect from others and the wish to be seen as competent can lead to "approval anxiety" and "competence anxiety" (Doge, 1982). For the purposes of this study, state anxiety, or the manner in which teachers respond to a given situation (e.g., a target student), was examined.

Anxiety may heighten when people cannot change their reactions or the precipitating event. At times, teachers may encounter difficult situations with students and subsequently perceive themselves as unsuccessful in bringing about positive changes for themselves or

their students. For teachers who have been unable to cope satisfactorily with such situations or students, some anxiety and stereotyping of students may result (Faust, 1968; Fine & Tyler, 1977).

When teachers wait until students' behaviors have become intolerable before attempting to work with them, negative feelings, perceptions, and behaviors can develop. Hawryluk and Smallwood (1986) discussed the implications of teachers' thoughts, beliefs, and expectations about students and possible negative influences on teachers' effectiveness. Anxiety resulting from these factors may contribute to ineffective problem solving and impact on teachers' job performance. Unresolved anxiety may interfere with opportunities to learn to view problem situations in innovative ways (Dodge, 1982).

Teachers' Perceptions of Students' Classroom Behaviors

As people interact with others in their environment, they form beliefs and judgments based on their perceptions. Generally, perceptions are how we "see" or interpret the world through our sense modalities. In turn, how we perceive ourselves and the world determines our behaviors and how we react to events and other people.

Teachers working with students interact with them according to their perceptions. Dinkmeyer and Carlson (1973) asserted that teachers have typical sets of responses that arise from their own beliefs, perceptions, values, and purposes. For example, if a teacher believes that a student behaves a certain way out of meanness or dishonesty, then the teacher may treat the student as if he/she is mean or dishonest. It may be that a major portion of the difficulty lies with the teacher's perception or handling of the situation, although this does not mean that the child is without problems (Fine & Tyler, 1977).

The problem with negative perceptions is that they can then interfere with the teacher's objectivity and ability to develop alternative solutions for working with a student. In this sense, teacher perceptions and teacher state anxiety are closely related and interactive. A perceived threatening situation or event can evoke anxiety. The teacher must somehow change or alter his/her own perceptions of the situation in order to reduce the anxiety. When perceptions are altered, responses to the problem also change (Faust, 1968).

Alpert (1979) posited the following assumptions concerning the effects of consultation on teachers' perceptions of students:

1. The consultant can alter the teacher's perceptions.
2. Alteration in teacher perception will affect teacher behavior.
3. Alteration in teacher behavior will affect pupil behavior.
4. Teacher learning will be generalized to future cases. (p. 19).

Alpert also pointed out that mental health consultation literature does not confirm these assumptions. Still, a number of authors hold to the assumptions that consultation somehow alters a consultee's perceptions and behaviors (Caplan, 1970; Dinkmeyer & Carlson, 1973; Faust, 1968; Fine & Tyler, 1977; Hawryluk & Smallwood, 1986; Meyers, Martin & Hyman, 1977).

Teacher's Follow-Through on Plans Made in Consultation

In consultation models that are regarded as a joint effort of consultant and consultee, the consultee's participation is crucial (Schein, 1969). This is especially true for the stage of consultation that is aimed at joint planning of intervention strategies to deal with the consultee's problem situation. Some researchers have posited that consultee implementation of plans generated during consultation is related to the degree that the consultee was involved in the problem-solving process (Reinking, Livesay & Kohl, 1978). When teachers are directly involved in planning and see consultation as useful and responsive to their needs, they are more likely to put plans into effect (Gutkin & Curtis, 1981).

Teachers' Satisfaction with Consultation

Satisfaction with consultation is defined as a consultee's opinion concerning the helpfulness or usefulness of the consultation process in problem resolution. To answer the question of consultees' satisfaction with consultation, it must be assessed by observations that are "countable"; it is not enough that consultees appear satisfied (Gallessich, 1982).

In general, satisfaction as an outcome variable is often grouped under research on consultant or consultation effectiveness. Researchers have attempted to measure degree of consultees' satisfaction by a number of methods (e.g., using questionnaires or interviews to ask

about consultees' attitudes toward consultation, number of consultee requests for consultation services, and observations of consultee behavior).

Orientation

In the helping professions, the importance of building a working relationship between the helper and the helpee is accepted as the foundation upon which the success of the helping process rests. Kanfer and Goldstein (1986) referred to this as relationship enhancement and stressed that when role expectations differ, the relationship suffers. One technique that a helper can use is role expectancy structuring (Kanfer & Goldstein, 1986). The helper, in this case the consultant, clarifies what the consultee can realistically expect (i.e., events and behaviors) to happen in their meetings. Kratochwill and Van Someren (1985) cautioned that attention needs to be directed at the consultee's beliefs about roles and responsibilities, activities, and timelines involved in consultation. Faulty expectations concerning consultation may preclude a consultee's effective participation in problem solving.

Kurpius (1978) discussed the importance of preparing consultees during the first two steps of his nine-stage consultation process. He defined the first two stages, pre-entry and entry, as a time when consultants must make clear their beliefs, practices, and skills. In the first few meetings between the consultant and consultee, it is vital to the outcome of consultation to establish the consultation relationship, roles, ground rules, and contract (Gutkin, 1986; Jimenez, 1982; Knapp & Salend, 1984; Kurpius, 1978; Maitland, 1982; Mann, 1973; Wenger, 1976). In addition, Mann (1973) emphasized the importance of defining the consultant's role to ensure congruency between perceived consultant behavior and the consultee's expectations.

Teachers need to know what to expect from consultation and the consultant relationship. Consultants are responsible to make clear the work-related focus of consultation. Some authors recommended that teachers be informed that the focus will be on the student and not the teacher, the relationship is confidential, and that the teacher is free to contribute, modify or reject ideas and suggestions to resolve the problem (Parsons, 1978; Raffaniello, 1981). Kurpius and Brubaker (1976) stressed the importance of the consultant describing his or her "conceptual framework," especially for school counselor/consultants who are performing the nontraditional functions of consultation.

There appears to be some concern among consultants that consultees (teachers) may enter consultation with a misunderstanding of the process involved. Teachers may not be clear about their role, level of participation, responsibilities, or what to expect during the consultation process. This in turn can contribute to an unsuccessful experience for both consultant and consultee.

Conclusions

Researchers have investigated numerous aspects of the consultation process. The majority of studies have been generated by school psychologists. A lesser number of studies has focused specifically on school counselors, the population of interest to the present study.

Researchers have attempted to determine the effectiveness of specific consultation models by comparing them to counseling models and by combining consultation and counseling. They have investigated outcome variables in consultant training and consultee skills, and surveyed consultees regarding their preferences, perceptions, satisfaction, and characteristics. One can conclude from these studies that consultation models, to be effective, need to have systematic, clearly defined methods and techniques. The positive outcomes of behavioral consultation can be attributed to this characteristic. Results of combining teacher consultation with counseling students are mixed. In some studies, training and skill levels of consultants have been shown to contribute to consultees' skills in problem identification and resolution. Teacher consultees appear to prefer consultation methods that involve them in a joint effort to solve problems, and view as effective. In fact, teachers are more likely to implement action plans formulated in consultation to the degree they were involved in making them. Teachers report greater satisfaction with consultation when the consultants' behaviors match the teachers' expectations. Throughout the consultation literature, reference is made to preparing or teaching consultees how to benefit from consultation. However, it is often left to the consultee to "learn" how to be a good consultee by experiencing it — an indirect and time consuming method. Is it possible to enhance or speed up the process of learning how to be a "good" consultee? This question was not addressed in any of the consultation literature found by the author.

Situational or state anxiety affects all teachers to some degree. Higher levels of state anxiety may have detrimental effects on teachers' classroom performance. Anxiety plays an ambiguous role in

consultation; too little lessens motivation to work on a problem, too much prevents effective problem solving. An assumption is made here that teachers who seek out consultation on a work-related problem are experiencing some degree of state anxiety. Does teacher anxiety related to specific problem situations change as a result of engaging in consultation to resolve those problems? There is scant research to support the assumption that consultation lessens consultees' anxiety.

Therefore, it appears that research is needed to determine the effectiveness of a systematic, joint problem-solving approach that addresses the relationship between consultants and consultees and orients the consultee to the consultation process to ensure that expectations are met. To determine the effectiveness of such a consultation model, the following variables could be examined: (a) teachers' anxiety related to target students, (b) teachers' perceptions of target students' classroom behaviors, (c) degree of implementation for action plans, and (d) consultees' satisfaction with consultation.

The effects of the Systematic Facilitative Approach to consultation, a model that fits the above criteria, were examined in this study. In addition, a written orientation to consultation was used as a method to enhance consultees' knowledge and involvement in the consultation process. Chapter III describes the methodology used for this investigation.

CHAPTER III
METHODOLOGY

The effects of the Systematic Facilitative Approach to consultation and a written orientation to consultation with elementary school classroom teachers were investigated in this study. A combined pretest-posttest and posttest only experimental design was used to test the null hypotheses.

The three experimental conditions studied were the Systematic Facilitative Approach to consultation (E1), written orientation and the Systematic Facilitative Approach (E2), and a no treatment control group (E3). Four dependent variables were examined: (a) teacher anxiety related to a target student, (b) teacher perceptions of target student classroom behaviors, (c) implementation of a plan of action, and (d) consultee satisfaction with consultation.

Research Design

A mixed experimental design that included both pretest-posttest control group and a posttest only design was used to determine if differences existed among experimental groups on the independent and dependent variables (Ary, Jacobs, & Razavieh, 1985). The pretest-posttest control group design included the variables of teacher anxiety related to target students and teacher perceptions of target students' classroom behaviors. A posttest only design was used for two outcome variables, plan of action implementation and consultee satisfaction, for experimental groups E1 and E2.

Pretest-Posttest Design

(R)	O1	O2	E1	O1	O2	O3	O4
(R)	O1	O2	E2	O1	O2	O3	O4
(R)	O1	O2	E3	O1	O2	-	-

where

E1= Systematic Facilitative Approach to consultation
E2 = Written orientation to consultation and the Systematic Facilitative Approach to consultation
E3 = Control group
(R) = Random assignment to experimental groups
O1 = State-Trait Anxiety Inventory (STAI)
O2 = Walker Problem Behavior Identification Checklist (WPBIC)
O3 = Plan Implementation Report (PIR)
O4 = Consultee Satisfaction Questionnaire (CSQ)

The random assignment to experimental groups in a pretest-posttest design is an attempt to control for statistical equivalence among groups prior to experimentation (Ary, Jacobs, & Razavieh, 1985). In addition, this design is intended to control many extraneous variables that threaten internal validity, such as history, maturation, testing, instrumentation, regression, selection, mortality, and interaction of selection and maturation. Threats to external validity for this design include possible interactions of testing and treatment, selection and treatment, and reactive effects of the experimental arrangements (Campbell & Stanley, 1963).

Population

The population for this study consisted of public school elementary teachers in Alachua and Marion counties, Florida. Alachua and Marion are adjacent counties and are situated in north central Florida.

Alachua County had a 1986 population of approximately 151,348 persons. The major population center was the city of Gainesville, with a population of approximately 81,371 persons (1986-87 Chamber Business & Membership Directory). The economic base of the county consisted largely of state and local government, mainly through the University of Florida, Gainesville.

According to the 1985-86 statistics provided by the School Board of Alachua County, the 20 public elementary schools in Alachua County were composed of grades K through 5, with approximately 20 to 25 teachers in each school. Distribution of elementary school teachers by gender and race were 561 females (103 black, 454 white, and 4 other) and 55 males (13 black, 40 white, and 2 other). Of the 1,423 teachers in the school district, 701 (49.3%) held bachelor's degrees, 648 (45.5%) held master's degrees, 62 (4.4%) held educational specialist's degrees, and 12 (.8%) held a doctorate. Specific information about elementary school teachers alone was not available.

Marion County had a population of 162,726 persons (Cyril, 1986). The major population center was the city of Ocala, with a population of approximately 40,800. Tourism, light manufacturing, and the thoroughbred industry contributed to the economic base of the county.

According to the Marion County School District Annual District Report (1985-86), there were 20 public elementary schools in Marion County. Eighteen schools contained grades K-5, one school was K-2, and one school consisted of grades 3-5. The number of teachers per

elementary school averaged about 20 to 25. There were 1452 full-time teachers employed. Of that number, 655 were elementary teachers. Distribution of elementary school teachers by gender and race were as follows: 601 females (120 Black, 479 white, and 2 other) 63 males (13 black and 50 white). The breakdown of elementary teachers by degree was as follows: 470 (71%) held bachelor's degrees, 185 (28%) held master's degrees, and 10 (1%) held a doctorate.

Sample

The sample for this study was drawn from among the 40 public elementary schools in Alachua and Marion counties, Florida. Personnel from 12 of the 40 schools agreed to participate in the study. The participants were 72 teachers from the 12 schools who volunteered to work with a school counselor/consultant regarding target students. Seventy-two teachers began the study. Complete data were received from 71 teachers at the end of the experimental period: 69 females (57 white and 12 black) and 2 males (2 white and 0 black). Permission for the study to be conducted in five Alachua County elementary schools and seven Marion County schools was obtained from the appropriate school administrators and the guidance directors of each school district.

All teachers, at each participating school, were invited to take part in the study and to receive consultation. In each of the 12 schools, there were two volunteer teachers for each experimental condition, for a total of six teachers per school. However, one teacher was eliminated during the final stage because of incomplete data, reducing the sample to 71 teachers. Using a table of random numbers, six teachers in each school were randomly assigned to one of three experimental groups (two teachers per group). The remaining volunteers, who had wanted consultation and to be part of the study, were given delayed help in the form of group consultation, after the study was completed. The random assignment of teachers to treatment groups was an attempt to control for pretreatment differences among groups (Ary, Jacobs, & Razavieh, 1985).

The Experimental Conditions

This study consisted of three experimental conditions: (a) the Systematic Facilitative Approach to consultation (Myrick, 1977, 1987), (b) a combination of a written orientation to consultation and the Systematic Facilitative Approach to consultation and (c) a control group. More specifically, Group E1 received the Systematic Facilitative Approach to consultation regarding target students.

Consultees assigned to group E2 were given a written orientation to consultation before receiving the Systematic Facilitative Approach. E3 was designated as a comparison control group and did not receive any form of consultation or assistance with target students until the study was finished. In addition, this was a single blind study. Counselor/consultants were unaware which teachers had received the written orientation and which had not.

All participating teachers in each of the three experimental groups were instructed in writing to select target students in their classrooms who met certain criteria (i.e., severity of problem, behaviors limited to school/classroom environment, acting out or withdrawing behaviors, not currently seeing the school counselor, etc.) (see Appendix B). These students constituted the "target students" for the study. The teachers were the consultees.

Experimental Group 1 (E1).

The Systematic Facilitative Approach to consultation is based on helping relationship and behavior theories. The consultant uses facilitative responses (Wittmer & Myrick, 1980) throughout the process to enhance communication. The Systematic Facilitative Approach to consultatin (Myrick, 1977, 1987) enables the consultee to move through the steps of consultation and to develop a plan of action that can be used to work with a target student.

The Systematic Facilitative Approach consists of seven steps: (a) identify the problem, (b) clarify the consultee's situation, (c) identify the goal or outcomes, (d) observe and record behaviors, (e) develop a plan of action, (f) initiate the plan, and (g) follow-up (Appendix A). These steps are designed to assist consultees to draw upon their resources of knowledge and experience to solve a work-related problem. The consultant endeavors to establish and maintain a helping relationship with the consultee during the process of problem resolution by using facilitative responses. To ensure a consultant's adherence to the model, all consultation sessions were audiotaped and reviewed (i.e., the model's steps and facilitative responses were identified).

E1 was scheduled to receive the Systematic Facilitative Approach to consultation on work-related problems regarding target students. Teacher/consultees each identified one target student from their classrooms as the focus of consultation. Several days prior to meeting with the consultants, the consultees received a packet (manila envelope) containing the pretest instruments: the State-Trait Anxiety

Inventory (STAI) and the Walker Problem Behavior Identification Checklist (WPBIC). Teachers completed the instruments and returned the packets to the primary researcher, via truck mail, before the first scheduled meeting with the counselor/consultants.

Consultees met at their scheduled times with their counselor/consultants for two sessions, at mutually agreed upon times. Each consultation session was no less than 30 minutes and no more than 45 minutes in length. The two meetings occurred approximately on the same day and time of the week over a two-week period (e.g., during teachers' planning periods, or at the end of the school day on consecutive Thursdays). The counselor/consultants followed the model of the Systematic Facilitative Approach discussed in Chapter II.

During the second (follow-up) session with the consultees, consultants reviewed the outcome of the action plans discussed in the first meeting. This follow-up process at times required counselor/consultants to refer back to several previous steps of the model, depending on the outcome of the first session. For example, they again clarified the consultee's situation (Step II), identified the goal or desired outcomes (Step III), and observed and recorded relevant behaviors (Step IV).

At the end of the second session, the consultees received a packet containing posttest instruments to be completed. The packet contained four measures: the State-Trait Anxiety Inventory Form Y-1, the Walker Problem Behavior Identification Checklist, the Plan Implementation Report, and the Consultee Satisfaction Questionnaire. Consultees returned the posttest packets to the primary researcher via truck mail.

Experimental Group 2 (E2)

Under level two of the independent variable a written orientation was provided to consultees prior to receiving the Systematic Facilitative Approach to consultation. The experimental procedures outlined in E1 were duplicated for E2 except for the addition of a written orientation to consultation prior to receiving the Systematic Facilitative Approach.

The written orientation to consultation described the consultation procedures and identified roles and responsibilities of consultants and consultees (Appendix C). Consultees were informed that they would work jointly with the consultants to clarify a problem situation in specific behavioral terms and then devise a plan of action for the problem.

The orientation was designed to assist consultees in organizing their observations and thoughts about target students prior to meeting with their consultants. They were asked to think about what they had already tried and how it affected the students.

E2 received the written orientation to consultation and the Systematic Facilitative Approach to consultation on specific work-related problems regarding target students. Several days prior to meeting with the consultants, consultees in E2 received the pretest packet which included the STAI, WPBIC, and the written orientation to consultation. The consultees were instructed to first complete the STAI and the WPBIC and to then read the orientation to consultation. To ensure that consultees read the orientation, a task was inserted in mid-text that required consultees to respond by writing their subject code number in the box located at the top left-hand corner of the paper. Teachers completed the instruments and returned the packets to the primary researcher, via truck mail, before the first scheduled meeting with their counselor/consultants.

Description of Experimental Group (E3)

E3 served as the control group. The teachers received the pretest packet containing the STAI and the WPBIC. They were scheduled by the counselor/consultant for delayed treatment following the final data collection for E1 and E2. The completed packets were returned to the researcher. Subjects completed a posttest packet containing the WPBIC and the STAI at the end of a two-week period that coincided with data collection from E1 and E2. Posttest packets were returned to the researcher for tabulation and analyses of data.

School Counselor/Consultants

Twelve elementary school counselors participated in this study, five counselors from public elementary schools in Alachua County and seven counselors from public elementary schools in Marion County. Specific demographic information on the 12 counselor/consultants follows: 10 females (2 black, 8 white) and 2 males (2 white, 0 black). The range of years in counseling was 2 to 21. Average years in counseling was 8. Average age was 32, with a 29-55 range in age. Educational level was master's degree, 8; educational specialist's degree, 2; and doctorate, 2.

All school counselors had some basic knowledge of consultation and working experience. In addition, they participated in 3-1/2 hours of training in the Systematic Facilitative Approach to consultation, for which they received a stipend of $40.00.

The primary researcher provided training in the Systematic Facilitative Approach to consultation (Appendix D). Counselor/consultants began the training by discussing how they currently provide consultation and the need for consultation services to teachers. The Systematic Approach was introduced, explained, and practiced. In addition to content knowledge about the model, counselor/consultants participated in role-play and skill development.

An adapted form of the Directed Individual Response-Educational Consulting Technique/Technique and Relationship Evaluation Chart (DIRECT/TREC) training model (Stum, 1982) was used to measure the skill level of consultants, in order to maintain consistency and competence in delivery of the Systematic Facilitative Approach. The categories on the DIRECT/TREC checklist were used to evaluated consultant responses that would demonstrate competence in (a) establishing a consulting relationship, (b) identifying a problem, (c) determining a desired outcome, (d) generation of alternatives, (e) plan development, (f) plan specification, and (g) confirmation of the consulting relationship (Appendix E).

Consultant/trainees received individual scores indicating their level of skill attainment. During the last half hour of the training session, trainees role-played a consultation situation. The role-plays were audiotaped and the consultants' responses scored according to the DIRECT/TREC checklist. A perfect score on the checklist was 60, a competency score of 50 or better was considered an acceptable level of skill for the consultants. All counselors attained the minimum competency score of 50 on the DIRECT/TREC checklist.

Instructions were given to the counselors concerning the provision of treatment to the experimental groups. Counselors provided the primary researcher with a list of volunteer teachers from their respective schools. The teachers were then randomly assigned to treatment groups, in the respective schools, by the primary researcher. Counselors provided the Systematic Facilitative Approach to consultation to subjects in E1 and E2 during the data collection period. The only difference between the treatments for E1 and E2 was the written orientation to consultation which was contained in the pretest packet. Counselors scheduled control group subjects for group consultation following data collection for E1 and E2.

Assessment Instruments

The dependent variables of teachers' anxiety and perception of

students' classroom behaviors were assessed with the State-Trait Anxiety Inventory Form Y-1 (STAI) and the Walker Problem Behavior Identification Checklist (WPBIC). Implementation of plans and consultee satisfaction with consultation was assessed with the Plan Implementation Report (PIR) and Consultee Satisfaction Questionnaire (CSQ). Both instruments were constructed by the researcher for the purposes of this study.

State-Trait Anxiety Questionnaire Form Y-1 (STAI)

One of the major goals of this study was to examine the theoretical assumption underlying consultation that consultee anxiety is reduced as a result of participating in the consultation process (Caplan, 1970). The State-Trait Anxiety Inventory (Spielberger, 1983) was used to measure changes in teachers' anxiety related to a problem with a target student.

The STAI was used to measure teacher anxiety in several of the studies reviewed. Hendricks, Thorensen, and Coates (1975) measured reduction of teacher anxiety with the STAI following a study of cue-controlled relaxation. In a study of the relationship between teacher anxiety and student anxiety, Stanton (1974) assessed these anxieties with the STAI. However, only one study was found in which the researchers directly investigated the effects of consultation on consultee anxiety (Meyers, Freidman, Gaughan, & Pitt, 1978). In the Meyers et al., study, consultee anxiety was assessed by intensive analysis of consultees' verbal behavior during consultation.

The STAI consists of a total of 40 items, 20 of which are designed to measure state anxiety, or how a person feels "right now or at this moment." The remaining 20 items assess trait anxiety, or how one "generally" feels. The instrument can be administered without the assistance of an examiner and takes approximately five minutes to complete. The state anxiety (form Y-1) format is a four-point Likert-type scale. The respondents indicate to what degree a statement reflects their feelings (e.g., 1-not at all, 2-somewhat, 3-moderately, and 4-very much so).

Split-half reliability computed by the Kuder-Richardson formula is reported to be above. 90 for the S-anxiety scale. Stability as measured by the test-retest coefficients for the S-anxiety scale are reported to be low as would be expected in measuring the changes over time in

anxiety related to situational stress (Spielberger, 1983). Normative data are available from the manual for the STAI for working adults, college students, and military recruits.

For the purposes of this study, the STAI was used to assess changes in a consultee's pre- and post-state anxiety, only as it is related to the target student/identified problem. It offers ease of administration and scoring and directly assesses state anxiety. The STAI has frequently been used in various research studies to assess changes in state anxiety over time (Spielberger, 1983).

Walker Problem Behavior Identification Checklist (WPBIC)

As a result of receiving consultation, consultees often begin to alter their perceptions of the client or third party. They may view them in a more objective manner and see themselves as able to work more efficiently with the person. This in turn affects how they react and respond to the client (Dinkmeyer & Carlson, 1973).

A review of the literature revealed a variety of instruments used to assess student behaviors. Many were constructed by the researchers for the purposes of particular studies and offered only scant data on reliability or validity (Anandam & Williams, 1971; Brown & Kelley, 1975; Engelhardt, Sulzer, & Altekruse, 1971; Gutkin, Singer, & Brown, 1980; Hillman & Shields, 1975; Randolph & Hardage, 1972). Behavioral assessment instruments designed to identify and diagnose students' pathological behaviors were considered unsuitable for the purposes of this study, because the focus was on everyday problems encountered by elementary school teachers in their classrooms.

The Walker Problem Behavior Identification Checklist (WPBIC) (1983) was selected as the most appropriate instrument. The WPBIC was developed by gathering teachers' descriptions of classroom behaviors that they saw as disruptive to the teaching/learning process. It is a self-report form and offers ease of administration, is brief, and has been used in similar research.

The WPBIC has been used in a number of research studies to identify difficult or problem students for referral (Walker, 1983). Palmo and Kuzniar (1972) used an early version of the WPBIC (1968) as a pre- and posttest measure of teachers' perceptions of student behaviors after group counseling and consultation. In a study of the short-term effectiveness of counseling and consulting techniques used in concert, Marchant (1972) employed the WPBIC as a screening instrument. Teachers were asked to complete the WPBIC on students in their classroom and those students scoring above 10 were

included as subjects in the study. Sebastian (1982) conducted a study comparing the effectiveness of process and behavioral consultation at improving on-task behavior in the classroom. In his study, fourth, fifth, and sixth grade students received pre and post ratings on the WPBIC from their classroom teachers.

The WPBIC provides separate forms for evaluating males and females and can be used to assess children in grades 1 through 6. The checklist consists of 50 items with successful academic performance and school adjustment. Items are distributed among five scales or domains that were identified by classroom teachers during construction and norming of the WPBIC (e.g., acting out, withdrawal, distractibility, disturbed peer relations, and immaturity) (Walker, 1983).

An examiner is not needed to administer the checklist. Teachers indicate whether or not they have observed the particular behavior in the classroom situation. A total score is derived by adding the scores across the five domains. In this way, a "problem area" can be identified, as well as overall classroom functioning.

Split-half reliability of the WPBIC with the Kuder-Richardson formula produced a coefficient of. 98, with a standard deviation of 10.53 (Walker, 1983). A reliability coefficient of. 90 is the minimum acceptable for such instruments. Content, criterion, construct, factorial, and item validity have been addressed for the WPBIC and reported to be satisfactory, indicating that it can be used in making discriminations among reported observed behaviors.

Plan Implementation Report (PIR)

One indicator of a successful or unsuccessful consultation experience is whether or not the consultee attempted or followed through on the plan that was devised during consultation. A review of the literature indicated that plan implementation as a variable has received almost no attention. Only one study was found where the researchers addressed whether or not the consultee implemented a plan made during consultation. White and Pryzwansky (1982) measured plan implementation by asking consultees how many of the recommended instructional strategies were actually implemented. The assessment was informal and gathered in the follow-up interview.

For the purposes of this study, a single item, with a five-point Likert-type scale was constructed to measure the degree to which a consultee initiated or took a "next step" in implementing a plan of action (see Appendix F). Construct and content validity for this

instrument were evaluated by 12 doctoral students and 5 faculty members in the Department of Counselor Education, University of Florida. Suggestions and comments were incorporated into the final instrument for use in the study as recommended by Isaac and Michael (1981).

Consultee Satisfaction Questionnaire (CSQ)

The degree of satisfaction with consultation services can determine whether or not consultees will continue to seek assistance with problems and their motivation for following through on action plans. Teacher satisfaction with consultation services is most often measured by self-report instruments and can be inferred from consultees' evaluation of the consultant or their consultant experiences (Gallessich, 1982).

Wenger (1976) investigated consultee satisfaction by assessing the pre and posttest differences on a consultation attitude questionnaire. In a study on teacher satisfaction with resource teacher/consultant services, White and Pryzwansky (1982) constructed their own instrument.

In order to assess consultees' satisfaction with consultation as a helpful and useful process for problem resolution in dealing with work-related issues, consultees completed the Consultee Satisfaction Questionnaire (CSQ). Gallessich's (1982) *Consultation Evaluation Survey* was useful as a guide in developing categories and items for the CSQ.

The CSQ is a 10-item questionnaire, utilizing a five-point Likert-type scale designed to measure consultees' satisfaction with their consultation experiences (Appendix F). The response options range from 1 (not at all) through 5 (completely), ranging from a low of 10 through a high of 50. The summed score yields an indicator of consultee satisfaction with the consultation.

The CSQ was given to 12 doctoral students and 5 faculty members at the University of Florida's Department of Counselor of Education to evaluate the appropriateness of items, clarity of questions, and ease of response. Comments and suggestions of the evaluators were incorporated into the final questionnaire as recommended by Isaac and Michael (1981).

Hypotheses

The following null hypotheses were tested at the. 05 level of significance.

H01: There is no significant difference among experimental groups in posttest teacher state anxiety, as measured by the State-Trait Anxiety Inventory, Form Y-1, due to (a) effects due to treatment, (b) effects due to counselor, and (c) effects due to interaction of treatment and counselor.

H02: There is no significant difference among experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the Walker Problem Behavior Identification Checklist, due to (a) effects due to treatment, (b) effects due to counselor, and (c) effects due to interaction of treatment and counselor.

H03: There is no significant difference between experimental groups E1 and E2 on the degree to which a plan of action is implemented, as measured by the Plan Implementation Report, due to (a) effects due to treatment, (b) effects due to counselor, and (c) effects due to interaction of treatment and counselor.

H04: There is no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the Consultee Satisfaction Questionnaire, due to (a) effects due to treatment, (b) effects due to counselor, and (c) effects due to interaction of treatment and counselor.

Data Collection and Analyses

Consultees in each experimental group (E1, E2, and E3) completed the WPBIC and the STAI prior to scheduling a meeting time with the counselor/consultant for the initial session. In addition, consultees in E2 received the written orientation to consultation along with their pretest materials. Consultees returned the pretest-posttest packets to the researcher via truck mail. At the end of the two-week experimental period, subjects in groups E1 and E2 completed the posttests of the WPBIC and STAI, in addition to the posttest-only measures of the PIR and CSQ.

Subjects in E3, the control group, completed the WPBIC and STAI at the end of the treatment period for E1 and E2. Subjects in the control groups did not receive any consultation or assistance until after final data collection for experimental groups E1 and E2. Packets from the three experimental groups were returned to the researcher for data tabulation and analyses.

A 3 (treatment) X 12 (counselor) analysis of covariance (ANCOVA) was used to test the first and second null hypotheses (H01) and (H02) for significant differences (p =. 05 level) for effects due to (a) treatment, (b) counselor, and (c) interaction of treatment and counselor. Huck, Cormier, and Bounds (1974) recommend using the pretest as a covariate when group means are compared using pretest-posttest scores on the same instrument. The analysis of covariance served to adjust for any initial differences in the subjects of covariance served to adjust for any initial differences in the subjects on the STAI and the WPBIC which might be present and confound differences between the groups (Keppel, 1982). School counselor/consultants were treated as an independent variable in an attempt to minimize a nesting effect in the research design.

Pending the finding of a significant F-ratio using the 3 X 12 analysis of covariance, Tukey's HSD test was used to analyze pairs of means to identify groups that were significantly different from one another. The Tukey's HSD is a multiple comparison follow-up test and is considered to be a relatively conservative procedure according to Huck, Cormier, and Bounds (1974).

To test null hypotheses, H03 and H04, a 2 (treatment) X 12 (counselor) analysis of variance (ANOVA) was used to compare the posttest means of experimental groups E1 and E2 for effects due to (a) treatment, (b) counselor, and (c) interaction of treatment and counselor. A confidence level of p =. 05 was considered significant.

CHAPTER IV
ANALYSIS OF THE DATA

The purpose of this study was to examine the effects of the Systematic Facilitative Approach to consultation, with and without a written orientation, on teachers' anxiety related to target students, teachers' perceptions of target students' classroom behavior, degree to which teachers implemented plans of action developed during consultation, and satisfaction with consultation. The data were collected on 71 elementary school teachers from 12 schools who volunteered to consult with the school counselors in their schools. Twelve public elementary school counselors, seven from Marion County, Florida, and five from Alachua County, Florida provided the treatments to teacher participants in their respective schools.

Results

Each hypothesis is stated in the operational null form. Data relevant to each hypothesis are presented, discussed, and summarized. Four hypotheses were tested at the .05 level of significance and the merit of each was determined.

Teacher State Anxiety

To test the effects of a Systematic Facilitative Approach to consultation, with and without a written orientation, on teachers' reported state anxiety regarding target students, a 3 (treatment) x 12 (counselor) analysis of covariance was performed. The teachers' pretest results on the STAI served as the covariate. Results of this analysis are presented in Table 1. Adjusted means and standard deviations for counselors by treatment group are depicted in Table 2.

> **Hypothesis 1a:** There is no significant difference among experimental groups in posttest teacher state anxiety as measured by the State-Trait Anxiety Inventory (STAI), Form Y-1, due to treatment.

The analysis of covariance was performed with an obtained **F** of 1.29, $p = 0.28$, $df = 2$, for the main effect of treatment. Since the **F** ratio of 1.29 was not significant at the .05 level, this null hypothesis could not be rejected.

Table 1

Source Table for 3 x 12 Analysis of Covariance on Posttest STAI

Source	DF	SS	MS	F	P
Model	36	4075.36	113.20	1.96	0.0256
Error	34	1962.38	57.71		
Total	70	6037.74			

Source	DF	Type III SS	F	P
Treatment	2	148.41	1.29	0.289
Counselor	11	1469.27	2.31	0.030**
Treatment x Counselor	22	1073.85	0.85	0.654
PRESTAI	1	1078.11	18.68	0.0001

** Indicates Significance Difference

Hypothesis 1b: There is no significant difference among experimental groups in posttest teacher state anxiety, as measured by the STAI, Form Y-1, due to effects of counselor.

A significant **F** value of 2.31 p = .03, df = 11 was obtained for the main effect due to counselor; therefore, Hypothesis 1b was rejected. A Tukey's HSD was used to determine where differences occurred among the counselors. Results are summarized in Table 3.

Table 2

Adjusted Posttest Means and Standard Deviations of STAI by Counselor and Group.

	Group					
	E1		E2		E3	
Counselor	M	SD	M	SD	M	SD
1	28.5	6.3	28.5	12.0	33.5	19.0
2	36.0	4.2	26.5	0.7	36.0*	.**
3	51.5	2.1	38.5	12.0	40.5	6.3
4	41.5	27.5	29.0	7.0	30.5	0.7
5	26.5	6.3	29.0	1.4	37.5	14.8
6	34.5	13.4	37.5	10.6	35.5	7.7
7	34.5	3.5	32.0	1.4	31.5	0.7
8	40.0	1.4	44.5	4.9	43.0	4.2
9	20.0	0.0	24.0	2.2	32.0	11.3
10	23.5	2.1	30.0	2.8	35.0	9.8
11	39.0	11.3	33.0	12.7	27.5	9.1
12	32.0	7.0	26.5	3.5	38.5	10.6

* Estimated value

** Missing value

The adjusted posttest means on the STAI for teachers who met with counselors 3 and 8 were significantly different when compared to means of teachers who met with counselor 9. The mean for teachers working with counselor 3 was 43.5 and for counselor 8 was 42.5.

Table 3

Results of Tukey's HSD for Main Effect Counselor: STAI

Counselor											
C3	C8	C6	C4	C11	C7	C12	C2	C5	C1	C10	C9
N=6	N=6	N=6	N=6	N=6	N=6	N=6	N=6	N=6	N=6	N=6	N=6
43.5	2.5	35.8	33.6	33.1	32.6	32.3	32.2	31.0	30.1	29.5	25.3

Groups underlined are not significantly different.

Hypothesis 1C: There is no significant difference among experimental groups in posttest teacher state anxiety, as measured by the STAI, Form Y-1, due to an interaction effect of counselor and treatment.

This hypothesis cannot be rejected since the computed **F** was 0.85, p = 0.65, for interaction of counselor and treatment (Table 1). The effects of counselor did not significantly interact with the treatment in this study.

In summary, the analysis of covariance indicate no significant difference among experimental groups due to the main effects of treatment and no effect due to interaction of counselor and treatment. However, a significant difference was found in main effects for counselor. A multiple comparison test revealed significant differences among counselors 3, 8, and 9. Teachers who met with counselor 9 obtained significantly lower mean anxiety scores on the STAI than did teachers who met with counselors 3 and 8.

Teacher Perceptions of Students' Classroom Behavior

The three sub-hypotheses that addressed teachers' perceptions of target students' classroom behaviors were tested using a 3 (treatment) x 12 (counselor) analysis of covariance. Pretest scores on the Walker Problem Behavior Identification Checklist (WPBIC) were used as the covariate. The source table for this analysis is located in Table 4 and the means and standard deviations for counselors by experimental group are displayed in Table 5.

Hypothesis 2a: There is no significant difference among all experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC, due to treatment.

The analysis of covariance was performed with an obtained nonsignificant **F** of 0.91, p = .41, df = 2, for the main effect of treatment. Therefore, this null hypothesis could not be rejected. There were no differences among experimental groups due to treatment.

Table 4

Source Table of 3 x 12 Analysis of Covariance on Posttest WPBIC

Source	DF	SS	MS	F	P
Model	36	7761.88	215.60	2.13	0.0145
Error	34	3441.86	101.23		
Total	70	11203.74			

Source	DF	Type III SS	F	P
Treatment	2	183.27	0.91	0.41
Counselor	11	1640.01	1.47	0.18
Treatment x Counselor	22	2399.25	1.08	0.41
PREWPBIC	1	3579.70	34.32	0.0001

Hypothesis 2b: There is no significant difference among experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC, due to main effects of counselor.

The computed **F** ratio for main effects due to counselor revealed no significant difference among experimental groups, **F** = 1.47, p = 0.18, df = 11 (Table 4). Therefore, Hypothesis 2b cannot be rejected.

Hypothesis 2c: There is no significant difference among experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC, due to an interaction of treatment and counselor.

The computed **F** ratio for interaction of treatment and counselor was **F** = 1.08, p = 0.41, df = 22. Since the **F** ratio was not significant at the .05 level, this hypothesis cannot be rejected.

Table 5

Adjusted Posttest Means and Standard Deviations of WPBIC by Counselor and Group.

	Group					
	E1		E2		E3	
Counselor	M	SD	M	SD	M	SD
1	15.5	10.6	13.5	16.2	35.0	18.3
2	16.0	2.8	27.5	14.8	35.0*	.**
3	38.0	12.7	16.0	7.0	31.0	7.0
4	24.5	4.9	6.5	0.7	32.0	24.0
5	24.5	17.6	26.5	20.5	23.0	2.8
6	27.5	0.7	17.5	4.9	22.5	14.8
7	19.5	7.7	35.0	12.7	14.0	12.7
8	33.5	17.6	13.5	3.5	22.0	14.1
9	30.0	9.8	11.0	1.4	19.5	7.7
10	32.5	28.9	14.5	7.7	23.0	0.0
11	26.0	16.9	45.0	15.5	32.5	3.5
12	15.5	2.12	14.0	7.0	19.0	19.7

* Estimated value
** Missing value

Hypothesis 2c: There is no significant difference among experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC due to an interaction of treatment and counselor.

The computed **F** ratio for interaction of treatment and counselor was **F** = 1.08, p = 0.41, df = 22. Since the **F** ratio was not significant at the .05 level, this hypothesis cannot be rejected.

Plan Implementation

To test the effects of the Systematic Facilitative Approach to consultation, with and without a written orientation, on teachers' reported degree of plan implementation following consultation, a 2 (treatment) x 12 (counselor) analysis of variance was performed. The source table for this analysis is located in Table 6. The means and standard deviations for counselor by group are displayed in Table 7.

> **Hypothesis 3a:** There is no significant difference between experimental groups E1 and E2 on the degree to which a plan of action is implemented, as measured by the Plan Implementation Report (PIR), due to treatment.

An analysis of variance was performed with an obtained **F** of 2.57, p = 0.12, df = 1. Since the **F** ratio was not significant at the .05 level, the null hypothesis cannot be rejectd. There were no differences between E1 and E2 on the degree of plan implementation resulting from treatment.

Table 6

Source Table of 2 x 12 Analysis of Variance for PIR

Source	DF	SS	MS	F	P
Model	23	12.35	0.53	0.85	0.64
Error	23	14.50	0.63		
Total	46	26.85			

Source	DF	Type III SS	F	P
Treatment	1	1.62	2.57	0.12
Counselor	11	7.20	1.04	0.44
Treatment x Counselor	11	3.42	0.49	0.88

> **Hypothesis 3b:** There is no significant difference between experimental groups E1 and E2 on the degree to which a plan of action is implemented, as measured by the PIR, due to counselor effects.

The analysis of variance for counselor effects resulted in an **F** ratio of 1.04, p = 0.44, df = 11. Due to a nonsignificant **F**, this null hypothesis cannot be rejected.

> **Hypothesis 3c:** There is no significant difference between experimental groups E1 and E2 on the degree to which a plan of action is implemented, as measured by the PIR, due to the interaction of treatment and counselor.

The analysis of variance to determine the existence of an interaction effect of treatment and counselor on the variable of plan implementation resulted in an **F** ratio of 0.49, p = .88, df = 11. Since a significant **F** ratio was not obtained, this null hypothesis cannot be rejected. In summary, an analysis of covariance indicated no significant differences between experimental groups E1 and E2 on the reported degree of plan implementation due to main effects of treatment or main effects of counselor. The data also indicated that there was no effect due to interaction of treatment and counselor in this study.

Consultee Satisfation with Consultation

To test the effects of the Systematic Facilitative Approach to consultation, with and without a written orientation, on consultees' satisfaction with consultation, a 2 (treatment) x 12 (counselor) analysis of variance was performed. The source table for the analysis of variance can be found in Table 8. Means and standard deviations for counselors by group are located in Table 9.

Table 7

Adjusted Means and Standard Deviations of PIR by Counselor and Group.

	Group			
	E1		E2	
Counselor	M	SD	M	SD
1	3.5	2.1	5.0	0.0
2	4.0	.*	5.0	0.0
3	4.5	0.7	5.0	0.0
4	4.5	0.7	4.5	0.7
5	4.0	0.0	4.5	0.7
6	5.0	0.0	5.0	0.0
7	4.5	0.7	4.5	0.7
8	4.5	0.7	4.0	0.0
9	4.5	0.7	4.5	0.7
10	4.5	0.7	4.5	0.7
11	3.5	0.7	4.0	1.4
12	3.0	1.4	4.0	0.0

*Missing value

Hypothesis 4a: There is no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the Consultee Satisfaction Questionnaire (CSQ), due to treatment.

The analysis of variance was computed and yielded an **F** ratio of .31, p = 58, df = 1. Since a nonsignificant **F** was obtained, the null hypothesis cannot be rejected. There is no significant difference between E1 and E2 on the variable of consultee satisfaction that can be attributed to treatment.

Hypothesis 4b: There is no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the CSQ, due to counselor.

The analysis of variance was performed yielding a computed **F** ratio of .62, p = .79, df = 11. The **F** ratio was not significant at the .05 level; therefore, the null hypothesis cannot be rejected.

Table 8

Source Table of 2 x 12 Analysis of Variance for CSQ

Source	DF	SS	MS	F	P
Model	23	646.61	28.11	0.49	0.95
Error	23	1333.00	57.95		
Total	46	1979.61			

Source	DF	Type III SS	F	P
Treatment	1	18.00	0.31	0.58
Counselor	11	395.91	0.62	0.79
Treatment x Counselor	11	242.05	0.38	0.95

Hypothesis 4c: There is no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the CSQ, due to interaction effects of treatment and counselor.

The compound **F** + ratio for interaction of treatment and counselor was **F** + .38, p + .95, df + 11. The **F** value was not significant at the .05 level. Therefore, the null hypothesis cannot be rejected.

In summary, a 2 (treatment) x 12 (counselor) analysis of variance was performed to determine differences between experimental groups on the variable of consultee satisfaction with consultation. The analysis revealed a nonsignificant **F** ratio for main effects due to treatment and main effects due to counselor. A nonsignificant **F** was also obtained for effects due to interaction of treatment and counselor. Therefore, the analysis failed to reject the null hypotheses for consultee satisfaction with consultation.

Summary

The results of 3 x 12 analysis of covariance used to test hypotheses for the two dependent variables of teacher state anxiety and teachers' perceptions of target students' classroom behaviors were presented in this chapter. In addition, the results of a 2 x 12 analysis of variance employed to test the hypotheses for the dependent variables of consultees' degree of plan implementation and reported satisfaction with consultation were described. Each of the four hypotheses was discussed in terms of the sub-hypotheses of a) main effects due to treatment, b) main effects due to counselor, and c) effects due to interaction of treatment and counselor.

No significant differences in teacher state anxiety and perceptions of student behavior, due to treatment, were found in adjusted posttreatment means for all experimental groups. Significant differences were found in adjusted posttreatment means for teacher state anxiety due to counselor. A multiple comparison test resulted in significant differences for the STAI posttest means for teachers who consulted with counselor 3 and 8 when compared to 9. The analysis of covariance did not result in a significant difference in posttreatment means among experimental groups on either teacher anxiety or teacher perceptions of students' behavior due to interaction of treatment and counselor.

There was no significant difference between posttreatment means of plan implementation and satisfaction with consultation for either experimental group E1 or E2 that could be attributed to main effects due to treatment and main effects due to counselor. There was also no significant difference in posttreatment means, that could be attributed to treatment and counselor interaction, on the variables of plan implementation and satisfaction with consultation. The conclusions, implications, and recommendations from these findings are discussed in Chapter V.

Table 9

Adjusted Means and Standard Deviations of CSO By Counselor and Group

	Group			
	E1		E2	
Counselor	M	SD	M	SD
1	42.5	10.6	48.5	2.1
2	36.0	-*	41.5	12.0
3	37.0	12.7	44.5	12.0
4	30.5	13.4	40.0	0.0
5	40.5	9.1	35.0	2.8
6	42.5	7.7	42.0	1.4
7	42.5	7.7	40.0	1.4
8	41.5	2.1	41.0	4.2
9	45.0	4.24	45.5	0.7
10	42.5	0.7	38.5	12.0
11	38.0	8.4	37.0	11.3
12	39.5	2.1	39.5	7.7

*Missing value

CHAPTER V
SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

The effects of a Systematic Facilitative Approach to consultation, with and without a written orientation, on elementary school teachers' reported state anxiety related to target students, perceptions of students' classroom behaviors, satisfaction with consultation, and degree of plan implementation were examined in this study. Twelve elementary school counselors provided the consultation treatment to teachers in their schools who volunteered to receive consultation on a target student. A total of 72 teachers participated in the study. Complete data were collected and analyzed on 71 of the teachers.

A combined pretest/posttest control group and a posttest only design was used to investigate the treatment effects. Teachers were randomly assigned to one of three experimental groups, Systematic Facilitative Approach to consultation (E1), written orientation and Systematic Facilitative Approach to consultation (E2), and a delayed treatment control group (E3). All teachers completed pre and posttest instruments measuring state anxiety (STAI) and perceptions of target students' classroom behavior (WPBIC). Teachers in the control group did not receive the measures for satisfaction with consultation (CSQ) or plan implementation (PIR), whereas teachers in the control group (E3) did not.

A 3 x 12 analysis of covariance was used for data analysis on the variables of teachers' state anxiety related to target students' and on teachers' perceptions of target students' classroom behavior. Additionally, school counselor/consultants were treated as an independent variable in an attempt to minimize a nesting effect in the research design. The effects of the treatment conditions on teachers' satisfaction with consultation and degree of plan implementation were analyzed using a 2 x 12 analysis of variance.

Findings

All four hypotheses were tested at the. 05 level of significance and resulted in failure to reject the null hypothesis for each case, except one. The data regarding the hypotheses revealed the following:

Hypothesis 1a: There was no significant difference among all experimental groups in posttest teacher state anxiety, as

measured by the State Trait Anxiety Inventory (STAI), Form Y-1, that were attributable to main effects of treatment.

The null hypothesis was not rejected.

Hypothesis 1b: There was a significant difference ($p < .05$) among posttest means of teacher state anxiety as measured by the STAI due to counselor main effect.

This null hypothesis was rejected.

Hypothesis 1c: There was no significant difference among all experimental groups in posttest means of teacher state anxiety as measured by the STAI due to interaction of counselor and treatment.

This null hypothesis was not rejected.

Hypothesis 2a: There was no significant difference among all experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the Walker Problem Behavior Identification Checklist (WPBIC) due to main effects of treatment.

Therefore, this null hypothesis was not rejected.

Hypothesis 2b: There was no significant difference among all experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC, due to main effects of counselor.

Therefore, this null hypothesis was not rejected.

Hypothesis 2c: There was no significant difference among all experimental groups regarding teachers' posttest perceptions of target students' classroom behaviors, as measured by the WPBIC, due to interaction of counselor and treatment.

This null hypothesis was not rejected.

Hypothesis 3a: There was no significant difference between experimental groups E1 and E2 on the degree to which a plan of action was implemented, as measured by the Plan Implementation Response (PIR), due to main effects of treatment.

Therefore, this null hypothesis was not rejected.

Hypothesis 3b: There was no significant difference between experimental groups E1 and E2 on the degree to which a plan of action was implemented, as measured by the (PIR), due to main effects of counselor.

Therefore, this null hypothesis was not rejected.

> **Hypothesis 3c:** There was no significant difference between experimental groups E1 and E2 on the degree to which a plan of action was implemented, as measured by the (PIR), due to interaction of counselor and treatment.

This null hypothesis was not rejected.

> **Hypothesis 4a:** There was no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the Consultation Satisfaction Questionnaire (CSQ), due to main effects of treatment.

Therefore, this null hypothesis was not rejected.

> **Hypothesis 4b:** There was no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the (CSQ), due to main effects of counselor.

This null hypothesis was not rejected.

> **Hypothesis 4c:** There was no significant difference between experimental groups E1 and E2 on reported consultee satisfaction with consultation, as measured by the (CSQ), due to interaction of counselor and treatment.

Therefore, this null hypothesis was not rejected.

Discussion

Teacher anxiety regarding target students' behavior

There was no significant difference among experimental groups on the dependent variable of teacher state anxiety, due to treatment, as measured by the STAI, Form Y-1. Researchers have shown that some degree of anxiety exists among classroom teachers (Coates & Thorensen, 1976). Teacher anxiety may come from a variety of sources such as personal, physical, and social, with exact causes remaining unclear (Coates & Thorensen, 1976; Walton, 1981; Youngs, 1978).

The ability to measure emotional reactions such as anxiety may have been limited in this study because of the influence of "social desirability." For example, teachers may have wanted to appear "good", less anxious or to be without problems (Synder, 1986).

The lack of a significant effect due to treatment may also be a function of time and number of consultation sessions. The brevity of the Systematic Facilitative Approach to consultation as an intervention adds to its practicality in the school setting. However, two sessions over a two-week period may have been too brief to effect teachers' anxiety regarding their students'.

The analysis of covariance resulted in significant differences for main effect due to counselor on the variable of teacher state anxiety. The post hoc test identified differences among three of the 12 counselors. Adjusted mean posttest scores on the STAI for counselors 3 and 8 were 43.5 and 42.5, respectively, compared to the posttest mean of 25.3 for counselor 9 (Table 3).

Examination of the pre and posttest data from the teachers who consulted with counselor 3 showed an increase of 2.7 points on the STAI, and counselor 8's teachers showed a decrease of 3.3 points when analyzed. In contrast, counselor 9's teachers showed a decrease of 10.8 points from pre to posttest in teacher state anxiety among experimental group members.

Audiotapes and ratings on the DIRECT/TREC checklist confirmed that all three counselors obtained minimum competency (score of 50 or better) and followed the steps to the Systematic Facilitative Approach to consultation. Counselor 9 was judged as the least skilled of the 12 counselors when quality of responses was evaluated rather than content alone (score of 50 on DIRECT/TREC). Counselors 3 and 8 (score of 57 and 60 on DIRECT/TREC) were rated among the more highly skilled in quality of responses (e.g., smoother transitions to each step and more precise and efficient use of language).

Comparisons of differences between pre and posttest means by experimental group were made for counselors 3, 8, and 9. Consultees in E2 (for counselors 3, 8, and 9) obtained lower state anxiety scores on the posttest STAI than for E1 and E3, with consultees in counselor 9's E2 showing the greatest decrease (12.0 points). It may be that, in this case, using a written orientation to prepare consultees and providing the Systematic Facilitative Approach to consultation were instrumental in decreasing anxiety for the teachers who consulted with these counselors.

The orientation seemed to be especially effective for the least skilled counselor (#9) in helping to reduce teacher anxiety about the problem. It may be that the structure and direction that the

orientation and model provided for problem-solving was an important factor in anxiety reduction.

Teachers' Perceptions of Target Students' Classroom Behavior

There were no significant differences among experimental groups on the variable of posttest teachers' perceptions of target students' classroom behaviors due to main effects of treatment or counselor. The test for interaction of treatment and counselor revealed no interaction effect.

A comparison of the differences between pre and posttest means indicated a positive direction; teachers in all experimental groups saw students as less problematic when rated on the posttest WPBIC. Teachers in E1 and E2 had a decrease of 7.1 points and 7.6 points, respectively, compared to the control group difference of 5.0 points. This positive direction towards seeing students as having fewer problems following consultation is in the same direction as Sebastian's (1982) findings. He found that teachers' perceptions of students' behavior changed significantly on the WPBIC following six consultation sessions over a six week period. Marchant (1972) also found changes in teachers' perceptions following a five week treatment offering counseling, consultation, or a combination of the two treatments when compared to a no treatment control group.

Plan of Action Implementation

There were no significant differences at the .05 level between E1 and E2 on the variable of degree of plan implementation due to main effects of treatment or counselor. In addition, no interaction of treatment and counselor was found.

The lack of a significant finding at the .05 level on plan implementation is similar to Clark's (1978) findings. He found no significant differences among teachers' self-reports of plan implementation following the third interview.

Teachers in both E1 and E2 reported high levels of plan implementation (mean for E1, 4.17; mean for E2, 4.54). This may provide support for the assumption that the more involved consultees are in the problem-solving process, the more likely they are to put plans into effect (Gutkin & Curtis, 1981; Reinking, Livesay, & Kohl, 1978). However, the possibility that a desire to appear "good" or cooperative may have influenced teachers' reports on follow-through of plans made in consultation (Snyder, 1986).

Consultee Satisfaction with Consultation

Consultee satisfaction with consultation was relatively high for both experimental groups and there were no significant differences between groups due to main effects of treatment or counselor. Additionally, no interaction of treatment and counselor was found.

The highest possible score on the CSQ is 50. The mean score on the CSQ fo E1 was 40 and for E2, 41. The high levels of consultee satisfaction for both groups may be due to their common experience of the Systematic Facilitative Approach to consultation. Other researchers have shown the positive influence of interpersonally-based problem-solving processes (Maitland, 1982) and relationship building factors as components of consultee satisfaction (Jimenez, 1982). These relationship building factors are components of the Systematic Facilitative Approach to consultation.

The high levels of reported satisfaction may have resulted from the structured problem-solving nature of the Systematic Facilitative Approach to consultation. Comments from participating teachers about their consultation experience centered around the positive aspects of taking the time to sit down and work with the counselor on a problem in a step-by-step manner.

Implications

The data were encouraging even though the null hypotheses regarding treatment effects were not rejected. Teacher anxiety and negative perceptions of target students' classroom behaviors tended to decrease for all experimental groups from the first to second administration of the STAI and WPBIC.

Teachers who received a written orientation and the Systematic Facilitative Approach to consultation tended to show more of a decrease in anxiety and negative perceptions of target students than did teachers in E1 and E3. Though the analyses of the experimental conditions did not show a significant difference, the direction of the data are encouraging. The advance organization provided by the written orientation coupled with the structured problem-solving method offered by the Systematic Facilitative Approach may have contributed to the positive effects for teachers in this study. Further investigations, where time and number of sessions are increased, are needed to support or refute this assumption.

Plan implementation was reported to be high for teachers in both E1 and E2. It may be useful to help teachers prepare or organize their thoughts regarding a student before consulting with a counselor/consultant. Further investigation of the effects of orientation on teachers' plan implementation is needed.

Consultee satisfaction with consultation was high for teachers in both experimental conditions. There was no significant difference between the experimental groups. Apparently, use of the Systematic Facilitative Approach to consultation, with or without a written orientation, proved to be a satisfying experience for teachers in this study. School counselors may find this model helpful, since it offers some of the necessary components for consultee satisfaction with consultation.

Limitations of the Study

One of the major limitations of this study may be the prior relationships between teachers and counselors in their schools. For example, the perceived "successful or unsuccessful outcomes" of previous consultation between counselor and teacher could have influenced both parties. Additionally, a counselor's "image" (i.e., effective or ineffective helper, child advocate or teacher advocate, advice-giver or problem-solver, etc.) in a particular school may have influenced outcomes.

The lack of control over teachers' selection of target students provided a limitation to this study. Even though teachers were asked to identify students who met certain criteria, the likelihood of differences of degree and intensity among selected students is highly probable. Some target students may have exhibited behaviors that were not amenable to a brief two week intervention.

The two week experimental period for this study was relatively brief. There may not have been enough time for the treatment to make a difference on posttest measures. Given the positive direction of the data brevity of the treatment may have been a limitation of this study. It might be helpful to increase the length of the treatment period and number of sessions to see if changes in teachers' perceptions and state anxiety would continue in a positive direction and produce significant differences.

Taking pretests may have heightened teachers' awareness of their feelings and perceptions regarding target students. It may be that teachers wanted to appear more positive in their feelings and perceptions of students following this awareness.

There are some possible limitations introduced by the instruments used in assessing changes attributable to treatment. The element of "social desirability" can influence respondents on self-report instruments, such as the STAI, that require them to rate negative aspects of the self.

There are also some limitations associated with using the WPBIC. Although it is a reliable instrument for identifying specific behaviors, is not sensitive to changes (i.e., decrease or increase in a behavior). Therefore, positive changes in target students' behaviors may have occurred in this study, but were not detected by the instrument.

Similar limitations exsist with the PIR and CSQ. Using these instruments, teachers were asked to report on their degree of plan implementation and satisfaction following consultation. Teachers may have wanted to appear as though they were "doing" something about the problem situation. High satisfaction scores on the CSQ may have reflected teachers' "liking" for their counselors rather than satisfaction with the consultation process.

Recommendations

The following specific recommendations are made for the purpose of assisting other researchers who are interested in designing future studies in this area.

1. Adapt or utilize an existing state anxiety instrument that reduces the effects of "social desirability" on teachers' responses. It may also be helpful to establish a range of "anxiety" in the selection of participants in the study, if this instrument is used. In addition, further refine items teachers select on the WPBIC by placing them on a Likert-type scale. This would provide a more sensitive instrument to measure teachers' perceptions of changes in students' behaviors not possible through use of the WPBIC alone.

2. Establish a minimum cutoff score on the WPBIC for inclusion of subjects in the study. Extremely low scores tend to reduce the variance appreciably when "change" scores are examined.

3. Increase the number of consultation sessions. Although some trends were evident, the small number of sessions and the time provided for behavior change may have contributed to the lack of significant differences among the experimental groups.

4. Incorporate unobtrusive observations of teachers' interventions and subsequent changes in target students' behavior. These observations could be combined with teachers' self report on

their degree of plan implementation. Such a design would offer further confirmation of plan implementation.

5. Investigate methods of increasing counselor/consultant effectiveness in altering teachers' state anxiety concerning the target student and perceptions of classroom behavior. It is suggested that consultation methods currently in use by various school counselors be identified and quantified. Measures on teacher state anxiety and perceptions of students could be given to teacher/consultees to ascertain the effects of their current methods. Counselors could then be trained in the Systematic Facilitative Approach to consultation and teacher/consultees measured on the same variables to determine if differences occur and effectiveness increases.

APPENDIX A
SYSTEMATIC FACILITATIVE APPROACH TO CONSULTATION

I. Identify the Problem
   A. Be a listener

II. Clarify the Consultee's Situation
   A. Be selective listener
      1. Feelings of the consultee and of the client
      2. Specific behaviors of the consultee and the client
      3. Consultee's expectations in the situation
      4. What has been done
      5. Positive consultee attitudes and behaviors

III. Identify the Goal or Desired Outcomes

IV. Observe and Record Behaviors

V. Develop a Plan of Action
   A. The consultee's intervention
      1. What
      2. When
      3. How

VI. Initiate the Plan

VII. Follow-up

APPENDIX B
WRITTEN ORIENTATION TO CONSULTATION

Before we meet to discuss the target student you have identified as a concern to you, it may be helpful for you to know how we will work together in consultation. We will meet for approximately 30 to 45 minutes, once each week over the next two weeks.

During our meeting, we will draw upon our individual expertise to develop a plan of action to assist you in working with your target student. You have valuable insights and information as the student's teacher that a counselor does not have. Likewise, my perspective can be valuable in helping you to consider alternative methods of working with a student.

There are several things you might think about or observe before we meet that will help us to talk more effectively about the problem situation. This information will be useful as we work together to help

the student in his/her adjustment to school.

1. What are the student's specific behaviors that interfere with his or her learning or adjustment in the classroom?
2. When the student exhibits these behaviors, how do you typically respond?
3. How does the student react to your response to his/her behavior?
4. As you think about this student, what are your expectations for him/her in this situation?
5. What would you like to see occur with this student (i.e., specific goals or desired outcomes) within the next week or two?

APPENDIX C
CONSULTANT TRAINING

I. Introduction/Discussion
   A. Elementary school counselors as consultants
      1. importance of consultation as part of counselor's job
      2. benefits and outcomes for counselors, teachers, and students
      3. examples of typical consultation cases
      4. common difficulties in consulting with teachers
      5. ways counselors can become more effective as consultants to teachers and others

II. Systematic Facilitative Approach to Consultation
   A. Introduction to the high and low facilitative responses
      1. advising/evaluation
      2. interpreting/analyzing
      3. reassuring/supporting
      4. questioning
      5. clarifying/summarizing
      6. reflecting/understanding of feeling
   B. Examples and demonstration of facilitative responses
      1. handout of facilitative continuum
      2. small group practice of facilitative responses
   C. Overview of the steps in the Facilitative Approach
      1. identify the problem
      2. clarify the consultee's situation
      3. identify the goal or desired outcome
      4. observe and record behaviors

5. develop a plan of action
6. initiate the plan
7. follow-up

D. Demonstration of Systematic Facilitative Approach
1. model skills and steps with volunteer
2. group discussion of process and steps observed

III. Practicing the Systematic Facilitative Approach

A. Practice in triads
1. each counselor takes a turn roleplaying the consultant, consultee, or observer (15-20 minutes each)
2. large group discussion, comments, questions, and concerns

B. Practice in dyads
1. counselors practice in dyads (20 minute sessions audiotaped for competency evaluation
2. large group discussion of process - comments, questions, and concerns

IV. Data Collection Procedures

A. Explanation of the study
1. description of experimental group 1
2. description of experimental group 2
3. description of experimental group 3

B. Counselor/consultant responsibilities
1. obtain list of teacher/consultee volunteers
2. schedule two consecutive sessions with volunteers
3. obtain informed consent from participants
4. provide Systematic Facilitative Approach to consultation to teacher/consultees

C. Timeline for data collection
1. submit list of volunteers for assignment to experimental groups
2. two week time period for meeting with consultees
3. fulfull responsibilities to delayed treatment control group (E3) following data collection for E1 and E2

D. Wrap-up
1. Questions, concerns, comments about the study

APPENDIX D
DIRECT CHART

STEP A—Identify-Clarify the Problem

Level 1: The consultant clarifies the history, environment, causes and effects of the problem-situation.

Level 2: The consultant summarizes the major factors presented in the problem-situation. A dominant "theme" is stated.

Level 3: The consultant responds to the "feeling" of the consultee as well as the theme in the problem-situation. The consultant may have to narrow the scope of the presented problem or confront inconsistencies in the presented problem.

Level 4: The consultant checks-in regarding this step and then suggests moving ahead to the next step.

STEP B—Set Desired Outcomes or Goals

Level 1: The consultant asks the consultee to discuss and list the desired outcomes and goals hoped for in this situation.

Level 2: The consultant clarifies and summarizes the goals and outcomes stated.

Level 3: The consultant asks that outcomes be stated in specific terms. The consultant may re-state the goals in objective or measurable terms.

Level 4: The consultant checks-in regarding this step and then suggests moving ahead to the next step.

STEP C—Develop Ideas and Strategies

Level 1: The consultant asks for plans and ideas that the consultee may have tried in this or similar situations.

Level 2: The consultant explains and encourages brainstorming of ideas and strategies to try in this problem-situation.

Level 3: The consultant elaborates on ideas and strategies, and may add ideas.

Level 4: The consultant checks-in regarding this step and then suggests moving to the next step.

STEP D—Develop a Plan

Level 1: The consultant asks for reaction to the ideas and strategies, and may help link ideas together.

Level 2: The consultant re-states the premise of consultee change in the plan implementation.

Level 3: The consultant asks for a plan statement based on the ideas and strategies discussed. The consultant links the plan to the desired outcomes, and may summarize.

Level 4: The consultant checks-in regarding this step and then suggests moving to the next step.

STEP E—Specify the Plan

Level 1: The consultant explains the need to consider the preparation that will be needed, and the sequence of events in the plan.

Level 2: The consultant encourages plan implementation by establishing a time-frame for the steps in the plan.

Level 3: The consultant asks for consideration and evaluation criteria, and may suggest a procedure for evaluation.

Level 4: The consultant checks-in regarding this step and then suggests moving to the next step.

STEP F—Confirm Consulting Relationship

Level 1: The consultant indicates an ongoing interest in the plan developed, and schedules a follow-up meeting.

Level 2: The consultant expresses confidence in the plan and the consultee's strengths in implementing the plan.

Level 3: The consultant summarizes part of the problem-resolution process used in the session, and reviews what took place in one of the steps.

Level 4: The consultant checks in regarding the work that was done together and suggests learning more about problem-solving work in the future.

APPENDIX E
PLAN IMPLEMENTATION RESPONSE

Please indicate to what degree you initiated or took a "next step" in implementing your plan of action discussed in consultation.

Not at all 1 2 3 4 5 Completely

APPENDIX F
SATISFACTION WITH CONSULTATION QUESTIONNAIRE

Please respond to the following items by circling the number that best describes your perception of your consultation experience. Response options range from 1 (not at all descriptive) to 5 (very descriptive).

Not at all 1 2 3 4 5 Very descriptive

I found my consultation experience to be

1.	a good working relationship.	1	2	3	4	5
2.	helpful in finding alternative solutions to problems.	1	2	3	4	5
3.	useful in increasing my self-confidence in working with a target student.	1	2	3	4	5
4.	helpful in identifying my resources for use in problem-solving.	1	2	3	4	5
5.	helpful in developing a wider range of problem-solving skills.	1	2	3	4	5
6.	helpful to me in seeing my situation more objectively.	1	2	3	4	5
7.	helpful in ways consistent with my own needs.	1	2	3	4	5
8.	useful in increasing my understanding of the problem situation.	1	2	3	4	5
9.	helpful in finding ways to apply content of our discussions to specific situations.	1	2	3	4	5
10.	helpful in stimulating me to see problem situations in more complex ways.	1	2	3	4	5

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